



# LOS ANGELES COUNTY COMMISSION ON HIV

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## COMMISSION ON HIV MEETING MINUTES November 8, 2012

**APPROVED**  
**1/10/2013**

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC	DHSP STAFF
Carla Bailey, <i>Co-Chair</i>	Angélica Palmeros	Erin Adams	Kyle Baker
Michael Johnson, <i>Co-Chair</i>	Karen Peterson	H. Avilez	Dave Young
Sergio Aviña	Stephen Simon	Cecilia Banda-Brown ( <i>by phone</i> )	
Al Ballesteros	Carlos Vega-Matos	Zoyla Cruz	
Cheryl Barrit	Tonya Washington-Hendricks	Niki Dhillon ( <i>by phone</i> )	<b>COMMISSION STAFF/CONSULTANTS</b>
Vivian Branchick	Fariba Younai	Chrisci Fuentes	
Christopher Brown		Bernie Gómez	Dawn McClendon
Joseph Cadden		Stephanie Haynes	Jane Nachazel
Whitney Engeran-Cordova	<b>MEMBERS ABSENT</b>	Miki Jackson	Glenda Pinney
Aaron Fox	Anthony Braswell	Alejandrina Jurado	James Stewart
Douglas Frye	Lilia Espinoza	Clarice Kavanaugh	Craig Vincent-Jones
David Giugni	Thelma James	Luke Klipp	Nicole Werner
Terry Goddard	James Jones	Joseph Leahy	
Joseph Green	Elizabeth Mendia	Jesse Lopez	
David Kelly	Jenny O'Malley	Karen Mark ( <i>by phone</i> )	
Ayanna Kiburi ( <i>by phone</i> )	Mario Pérez	Melissa Nuestro	
Lee Kochems	Juan Rivera	Quentin O'Brien	
Bradley Land	LaShonda Spencer	Martha Ron	
Ted Liso/James Chud	Kathy Watt	Jithin Veer	
Anna Long	Jocelyn Woodard/Robert Sotomayor	Sharon White	
Abad Lopez		Jason Wise	

- CALL TO ORDER:** Mr. Johnson called the meeting to order at 9:15 am.  
**A. Roll Call (Present):** Aviña, Ballesteros, Barrit, Branchick, Brown, Cadden, Engeran-Cordova, Fox, Frye, Giugni, Goddard, Green, Johnson, Kelly, Kiburi, Kochems, Liso/Chud, Long, Peterson, Simon, Vega-Matos, Washington-Hendricks
- APPROVAL OF AGENDA:**  
**MOTION 1:** Approve the Agenda Order with Motions 5 and 6 postponed (***Passed by Consensus***).
- APPROVAL OF MEETING MINUTES:**  
**MOTION 2:** Revise and approve the minutes from the 9/13/2012 Commission on HIV meeting (***Passed by Consensus***).  
**MOTION 3:** Revise and approve the minutes from the 10/11/2012 Commission on HIV meeting (***Passed by Consensus***).
- CONSENT CALENDAR:**  
**MOTION 4:** Approve the Consent Calendar with Motions 5 and 6 postponed and Motions 7 through 11 and 13 pulled for deliberation (***Passed by Consensus***).

**5. PARLIAMENTARY TRAINING:**

**A. Robert's Rules of Order:**

- Mr. Stewart announced a two-part training on Robert's Rules prior to the January and February Commission meetings from 8:30 to 9:00 am. New Commissioners should attend. It can also be a helpful refresher course.
- ➡ Mr. Stewart asked Commissioners to pick up the book "Robert's Rules of Order In Brief" and the one-page summary at the resource table for review prior to the January training for the training and to bring to all meetings.

**6. PUBLIC COMMENT (Non-Agendized or Follow-up):**

- Ms. White suggested a town hall for consumers to ask questions about all the changes occurring. Many are confused.
- Ms. Washington-Hendricks noted people often refer to a website for more information. She pointed out many consumers can barely keep telephone service active and have no access to a computer. She supported a consumer town hall.
- ➡ The consumer town hall suggestion was referred to the Consumer Caucus.

**7. COMMISSION COMMENT (Non-Agendized or Follow-up):** There were no comments.

**8. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:**

**A. LIHP/HWLA Enrollment:**

- Mr. O'Brien, Chief Operating Officer, Ambulatory Services, Department of Health Services, reported that enrollment of new patients, including those with HIV, into the LIHP (HWLA) was going well, considering the size of the task and the time in which to do it. It is expected that 200,000 people will enroll in HWLA in Los Angeles County.
- Of those, 2,300 County enrollees are identified as PLWHA. The medical home must identify an individual as HIV+ for the designation to appear in the system, which is usually done to ensure medication. Some may not have been identified as HIV+, especially those among the General Relief (GR) population who were auto-enrolled. Those missed should be caught during ADAP recertification.
- Transition to Your Benefits Now (YBN) caused implementation delays, such as the medical home not showing on YBN though it was visible on Los Angeles Eligibility, Automated Determination, Evaluation, and Reporting (LEADER). Now there is only a brief delay and reports are also being sent to each agency on who is enrolled and enrollment status.
- There are 40,000 pending applications, including 1,500 for PLWHA. DHS projects that the backlog can be cleared in six weeks if additional requested staff are approved. Meanwhile, PLWHA are being prioritized, so HWLA is active before the ADAP grace period expires. HWLA pays for medical visits while an application is pending, but not for medications.
- The transition began 7/15/2012 and is retroactive to 7/1/2012. Overall, it is estimated that approximately 400 PLWHA are being enrolled into HWLA per month, which is slightly ahead of projections and includes estimated auto-enrollment of the GR population.
- The Department of Public Social Services (DPSS) owns the enrollment system which uses YBN on the front and LEADER on the back. The system is also used by Medi-Cal, which will facilitate the 2014 transition to Medi-Cal managed care. Many current HWLA medical home providers were previously Ryan White (RW)-only. Most are now Medi-Cal managed care eligible, but a few smaller providers continue work on contractual issues to ensure patients can remain after 2014. There has not yet been an assessment of which HWLA providers have acquired Medi-Cal managed care eligibility.
- Mr. Land asked how the State's movement toward six-month ADAP recertification would affect the migration of patients. Mr. O'Brien noted enrollment appointments take 30-60 minutes with someone knowledgeable about benefits. Systems are operating at full capacity now. The RW-funded system is dedicating more staff for enrollment purposes. DHS is also trying to do the same, but LIHP is a new program with no new staff. Wait times to get an appointment and in the office are now long and could worsen.
- Mr. O'Brien reported pharmacy network systems for consumers to access medications are mostly in place. All contracts are in place so the County can pay with 340 B, which is much less expensive. This represents significant provider work.
- It also represents a major change for consumers as 340 B requires each provider to contract with specific pharmacies and consumers can only access medications through those pharmacies. A couple of sites do not yet have contracts established, but should within a month. DHS is not placing consumers nor paying for medications at those sites.
- DHS had planned to ensure 7-day-a-week pharmacy access and that remains in provider contracts. Most agencies have such access, but it is not being required since several agencies were unable to secure a pharmacy contract for it.

- Community partner specialty referrals are via contract with AIDS Healthcare Foundation's (AHF's) network, Community HIV/AIDS Information Network (CHAIN). Specialty referrals were recently consolidated within CHAIN for more seamlessness. RW and HWLA are reviewing types of specialties referred as some are more appropriate for direct County referral. Criteria are being determined for such direct referrals and how to address them once referred.
- ➡ Mr. O'Brien will check on how soon a guide to medical homes will be available for distribution.

## 9. CALIFORNIA OFFICE OF AIDS (OA) REPORT:

### A. OA Work/Information:

- Ms. Kiburi, Chief, HIV Care Branch reported that OA advisors are finalizing their calendars to start contract monitoring site visits to review last year. Visits will be comprehensive and identify needed Technical Assistance (TA). HRSA expects OA to complete annual fiscal and programmatic monitoring site visits to all Part B contractors. Per the National Monitoring Site Visit guidelines, each contractor is expected to complete an annual fiscal and programmatic monitoring site visit for each subcontractor.
- OA has identified OA staff who will serve as the Part B representative on each Part A planning council. They may travel to attend key meetings.
- A work group within OA and the Department of Health Care Services (DHCS) has been developing FAQs for LIHP and the Coordinated Care Initiative (CCI). They will be announced and posted on the OA website as soon as available.
- OA is meeting with DHCS regularly to discuss the impact of CCI implementation on the Medi-Cal Waiver program. OA has encouraged DHCS to invite Medi-Cal Waiver program providers to join the CCI managed care plan. OA will provide a Medi-Cal Waiver program and CCI FAQ sheet once DHCS has finalized CCI implementation policy. CCI implementation can be followed on the DHCS website at [www.calduals.org](http://www.calduals.org).
- HRSA performed an OA Part B site visit for the first time in many years. A written report is expected shortly. OA anticipates a number of fiscal and programmatic policy changes consequent to the visit.
- The LIHP FAQ Number 5 describes ADAP pharmacy back-filling reimbursement for LIHP medication expenditures. The FAQ sheet is available on the OA website at [www.cdph.ca.gov](http://www.cdph.ca.gov).
- OA convened a LIHP Stakeholder Advisory Committee, Health Care Reform Communications Work Group to provide input and strategic planning for a health care reform communications plan. The plan, now in rough draft, will guide OA in disseminating information to California stakeholders affected by health care reform and emerging programs.
- Ms. Dhillon, Chief, ADAP Branch and Ms. Banda-Brown, Manager, ADAP Section reported the ADAP Branch is moving toward compliance with the RW mandate for eligibility recertification every six months by the end of 2012. The Branch formed a work group of experienced ADAP coordinators and enrollment workers representing a cross-section of Local Health Jurisdictions (LHJs) to identify issues, suggest solutions and provide comments on a draft implementation plan.
- Six-month recertification will be a finding from the September 2012 HRSA site visit. HRSA will provide TA to OA after receipt of the report. The ADAP Branch will ensure that TA provided to OA addresses 6-month recertification issues identified by the its work group, as well as such issues identified in the Commission's letter to OA about the 6-month recertifications.
- Dr. Mark, Interim Chief, OA thanked the Commission for its letter regarding implementation of the ADAP 6-month recertification requirements. Received that morning, on cursory review it echoes many issues already identified. Some have been suggested to HRSA, e.g., a simpler six-month recertification that does not require full documentation but allows the patient to self-attest to any changes. HRSA has not yet responded. OA does not want recertification to be a barrier to care, but must find ways to meet HRSA's mandate.
- Mr. Fox felt implementation was premature as the site visit report was outstanding, information on issues was still being collected, and HRSA had not yet responded to issues under discussion. Dr. Mark agreed OA may need to revisit the timeline based on how soon HRSA responds to issues raised. OA has been told this is an issue in the site visit report.
- Mr. Engeran-Cordova asked if the HRSA mandate was in writing and how slowly it might be implemented before incurring penalties. Dr. Mark said the written grant requirement was in program monitoring requirements released in April 2011. OA did receive leniency due to LIHP implementation, but must show it is moving toward implementation.
- Mr. Fox noted HRSA's 8/9/2011 letter said yearly recertification was acceptable during LIHP implementation. An OA 8/11/2011 letter reported California would move at some point toward six-month recertification with guidance to be released in future. California is the only state implementing LIHP, which is still in process so he felt delay could continue.

- Dr. Mark felt the HRSA letter only allowed OA not to send individual letters to ADAP enrollees. She agreed several LHJs were still implementing LIHP, but felt a delay to 2014 would complicate the Med-Cal managed care transition under the Affordable Care Act (ACA) and effectively mean delay to 2015, which is not feasible.
- Mr. Liso said 6-month recertification was a barrier to care and would add to a long list of needed certifications, such as for housing. Mr. Chud felt implementation was an illogical approach to California's unique situation and political strength. Mr. Kochems urged OA work with consumers and planning councils to submit a plan to develop a plan by 2014.
- Mr. Vincent-Jones said 2013 RW reauthorization offers options to address legislative problems. Both consumers and providers have identified problems, but OA has not been proactive. He has looked for ways to address issues as a County employee, but the State should be leading as it is doing the Federal government a favor by piloting LIHP.
- Mr. Johnson said 6-month screening is designed to generate savings, but the far larger savings is in LIHP enrollment so it is much more cost-effective to put resources into hiring and training for that first and address ADAP later. Mr. Land noted the County has 42% of the AIDS burden in California. Its unique issues require push back on this issue.
- Mr. Fox asked about discussion that funds might be doubled for ADAP enrollment. Dr. Mark said funds will be doubled for the LHJs as soon as contracting issues are resolved. Funding is part of the general budget and derived from rebates.
- Dr. Mark reiterated the plan is still being developed, but the draft plan proposes that those coming in for annual recertification will be advised that their next certification will be in six months, so the roll-out would be gradual.
- Ms. Jackson agreed with delaying implementation and urged delaying Fee-For-Service (FFS) for the same reasons.
- On another issue, Mr. Vincent-Jones said the Commission has advocated two years for California HIV/AIDS Research Program (CHRP) to research the undocumented population accessing RW services. Both CHRP and its University of California Los Angeles (UCLA) partner, Center for HIV Identification, Prevention and Treatment Services (CHIPTS), have reported difficulty in obtaining California data. He urged prioritizing data for researcher Arleen Leibowitz and CHIPTS before the data is irrelevant. Dr. Mark said she has set up a meeting with Dr. Leibowitz.
- ➡ Ms. Kiburi will email a written copy of her report to Mr. Vincent-Jones.
- ➡ Dr. Mark agreed to discuss the intent of HRSA's 8/9/2011 letter with HRSA.
- ➡ The Commission will confer and relay to Dr. Mark suggestions for its participation in ADAP screening planning.
- ➡ Mr. Vincent-Jones will call Dr. Mark to discuss the significance of data on the undocumented population.

**B. California Planning Group (CPG):**

- Ms. Kiburi reported the California Department of Public Health (CDPH) recently lifted the long-standing travel restriction and has given OA permission to convene two face-to-face CPG meetings per year. There are new internal resources and procedures, so logistics are still being developed. The first meeting is planned for January or February.
- Current CPG members will end their three-year terms in April 2013. Work has begun to identify and recruit new members and plan for their transition into the CPG.

**10. CO-CHAIRS' REPORT:**

**A. Co-Chair Nominations:**

- Mr. Stewart opened nominations for Mr. Johnson's Co-Chair seat. Nominees must have served on the Commission for at least a year.
- The three one-year At-Large seats on the Executive Committee are also open for nominations. Seats are currently held by Messrs. Engeran-Cordova, Liso and Rivera.
- Nominees will be accepted until the elections at the next meeting. Commissioners may nominate themselves.
- ➡ Nominations were: for Co-Chair – Messrs. Johnson and Simon; for At-Large – Mr. Liso.

**B. Board Correspondence:** Mr. Johnson noted the 11/2/2012 letter from the Co-Chairs to the Board advocating immediate roll-out of Medical Care Coordination (MCC). The Consumer Caucus was planning to discuss the subject at its meeting following the Commission meeting.

**11. EXECUTIVE DIRECTOR'S REPORT:** There was no report.

**13. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT:**

**A. HIV Epidemiology Report:** Dr. Frye, Chief, HIV Epidemiology Division, said there was nothing new to report.

**B. Administrative Agency Report:**

**1. AOM/MCC Contract Implementation:**

- Mr. Vega-Matos reported that DHSP had held, to date, two briefings with the Health Deputies on implementing AOM/MCC. The first provider meeting was in May to discuss awards, the contract negotiations process and supplemental allocations subsequent to the award, to ensure people in the RW system have access to services in HWLA.
- At an 11/5/2012 provider meeting, DHSP outlined areas of the transition pertaining to eligibility, data interfaces, invoicing and MCC deployment. DHSP also announced an ongoing training and TA schedule with quarterly conference calls, quarterly face-to-face meetings, and trainings well into 2013.
- The original goal was to launch 11/1/2012. DHSP continues to address concerns pending Board approval.
- Mr. Engeran-Cordova asked when actual trainings and interface mapping would begin. Mr. Vega-Matos said trainings cannot start until staff is hired and they cannot be hired until contracts are approved by the Board. DHSP is now assisting proactively with mapping for providers who send data electronically via Case Watch as that is a broader issue. Both systems will be live for training purposes and a smooth transition once contracts are approved.
- Mr. Engeran-Cordova said AHF and the 4<sup>th</sup> District are concerned about launching concurrent with the LIHP transition for the same reasons the Commission is opposed to six-month ADAP screening.
- Ms. Jackson added AHF has supported MCC since 2006 and implemented it in other states. The question is about implementation. Providers are concerned they will need to do everything twice for two months, which will disrupt patient care. She said MCC was piloted with a small agency, and urged a mid-sized agency pilot and March roll-out. Mr. Vega-Matos corrected that MCC was piloted at several agencies, including one of the largest in the system.
- Mr. Giugni said psychosocial case management providers fear having to close services if new contracts are not approved soon. Mr. Vega-Matos replied contracts go through March and will be extended if necessary.
- Mr. Land was at the recent Agenda Review meeting and heard provider concerns. The meeting adjourned before consumers could speak and Mr. Vincent-Jones was only able to speak briefly on consumer need. MCC was developed to address consumer barriers raised at the Roundtables that mostly pertain to poor information and coordination provided by case managers. The pilot program in the Antelope Valley eliminated those barriers.
- Ms. Peterson said she was excited as a provider to have MCC. High Health System is hiring an RN for it.
- Ms. Washington-Hendricks asked about Board concerns. Mr. Vega-Matos said they mirror those of providers.
- She also asked how many staff will be laid off when current contracts expire. Mr. Vega-Matos said most psychosocial case management is provided within medical home sites. Five or six agencies have stand-alone services. DHSP is discussing the transition with them since all clients will eventually transition to medical homes.
- Ms. Barrit understood concerns, but the Commission pressured DHSP to develop MCC. Her City of Long Beach staff are working with DHSP to make the transition as smooth as possible, but cannot hire staff without contracts.
- Ms. Palmeros reported the City of Pasadena was working hard with both clients and staff to transition to MCC and link to medical care. Some clients are very distressed to learn they must transition to HWLA from the free care they had before. MCC would be helpful as she has had to call ADAP for 30-day extensions and help clients navigate the new system to get services. She wanted to work with DHSP to ensure reimbursement for such transitional work.
- Mr. Johnson said he came to the Commission with full-blown AIDS, unemployed and scared. These services would have helped him then. Other consumers need them now. He added, as an attorney, providers responding to the Request For Proposals (RFPs) should have had plans in place. Mr. Engeran-Cordova said providers had plans, but there were changes between RFP release and implementation and a delay of 18 months during which LIHP began.
- Mr. Brown felt the overall support for MCC made delay unnecessary, but roll-out should start with training to address concerns about implementation. Mr. Vega-Matos said billing training is scheduled for December and the two systems will overlap during ramp-up.

**2. Miscellaneous:**

- Mr. Chud reported confusion about MCC including concerns that the case management function would fall on housing case managers who are prohibited by HOPWA from doing it. He urged more education about MCC especially for those in the housing arena such as HOPWA and housing specialists.
- Mr. Vega-Matos replied DHSP has communicated regularly with providers about the transition in case management services and the roll-out of MCC. DHSP has also met with the City of Los Angeles which administers HOPWA to explain the changes. Medical and non-medical case management is not going away but is changing to an integrated form. Part of the challenge is the community perception that there are insufficient housing specialists. DHSP has brought the concern to the Los Angeles Countywide HOPWA Advisory Committee (LACHAC), which is in a strategic planning process.

**14. TASK FORCE REPORTS:**

**A. Comprehensive HIV Planning Task Force (CHP TF):**

1. **Goals and Objectives Planning:** Postponed until completion of the Comprehensive HIV Plan (CHP) in 12/2012.  
**MOTION 5:** Approve the Comprehensive HIV Plan goals and objectives, as presented (**Postponed**).
2. **Key Populations:** Postponed until completion of the CHP in 12/2012.  
**MOTION 6:** Approve the Comprehensive HIV Plan key populations, as presented (**Postponed**).
3. **Planning Body Unification:**
  - Mr. Chud reported concern at the meeting about low attendance despite many people who signed up at the Annual Meeting to participate on the Task Force. Most attendees were those who had worked throughout the past year on the CHP. It was decided to defer substantive work in lieu of soliciting a best meeting date from those who signed up.
  - There was also concern not all stakeholders were at the table, so those on the current list will be asked to invite others. The group must be finalized quickly so work can start since revising the Ordinance, which will take approximately six months.
  - ➡ Solicitation for a meeting date has been distributed and Commission staff will email the next date on 11/12/2012.

**B. Community Task Forces:** There were no reports.

**15. STANDING COMMITTEE REPORTS:**

**A. Priorities & Planning (P&P) Committee:** Commissioners announced their conflicts of interest.

**1. FY 2012 Financial Expenditures:**

- Mr. Young, Chief, Financial Services Division, DHSP, began review with the RW Part A YR 22 expenditures summary spreadsheet. The grant term is 3/1/2012 to 2/28/2013. The total award was \$37,564,716. Expenditures total \$13,992,631 through 8/31/2012. Full expenditure is required and is expected by 2/28/2012.
- The Single Allocation Model (SAM) Care/Part B award comes through the State and uses a grant term of 7/1/2012 to 6/30/2013. The total award was \$8,582,596. Expenditures total \$900,605 through 8/31/2012. The current full-year projection estimates underspending of \$844,336, but the grant term is just two months old and the term is four months longer than that for Part A, so time remains to maximize the grant.
- The Minority AIDS Initiative (MAI) award uses the 3/1/2012 to 2/28/2013 grant term. The total award was \$3,286,848. Expenditures total \$1,714,187 through 8/31/2012. The current full-year projection estimates underspending of \$120,163. Further, DHSP has requested HRSA approval to roll-over unexpended funds of \$820,000 from YR 21 to Yr 22. If, as expected, approval is received, then that amount will be added to YR 22 funds.
- The majority of MAI expenditures will come from Oral Health Care. Increases in that service category will help maximize the MAI grant. P&P has recommended that the full MAI YR 22 grant be maximized by 2/28/2012.
- The summary spreadsheet includes the preceding grants as well as non-HRSA Net County Cost (NCC) funds used for HRSA-eligible service categories, State contracts and Centers for Disease Control (CDC) funds, if any.
- Ms. Kiburi asked about the MAI/Part B allocation from the State. Mr. Young said the allocation of \$96,000 for the Outreach component of Early Intervention Services (EIS) was not included on any of the summary spreadsheets.
- ➡ Mr. Young will incorporate the MAI/Part B allocation into future summary reports.

**2. FY 2012 Reallocations:**

- Mr. Land began review of P&P recommendations with Motion 7 which reallocates funds from EIS and Hospice/Skilled Nursing, which have no expenditures, to Medical Outpatient/Specialty (MO/S).
  - Motion 8 allows DHSP to reallocate up to 10% of any service category line item to ensure full Part A grant expenditures. Mr. Vincent-Jones noted the Commission routinely allows DHSP flexibility for this purpose.
  - Motion 9 allows DHSP to expend funds on Residential Services so long as NCC funding for services in the HIV continuum remain level. This continues Commission policy to support stability of HIV NCC funds for services. Mr. Vincent-Jones added P&P knows the need for traditionally defined care services NCC funds may decline due to LIHP savings, but the new LTC service category includes services traditionally defined as prevention, such as partner notification, so the motion seeks to maintain the level of HIV service commitment overall.
  - ➡ Refer to P&P: Consider a standing motion to allow DHSP to reallocate up to 10% of any service category line item.
- MOTION 7:** Zero Out the Ryan White (RW) FY 2012 Part A Early Intervention Services (EIS) and Hospice/Skilled Nursing service line items and reallocate those funds to Medical Outpatient/Specialty services (**Passed: 23 Ayes; 0 Opposed; 0 Abstentions**).



**MOTION 8:** Allow DHSP to reallocate up to 10% of any service category line item allocation to fully expend the RW FY 2012 Part A grant **(Passed: 23 Ayes; 0 Opposed; 0 Abstentions)**.

**MOTION 9:** Allow DHSP to expend RW FY 2012 Part A funds on Residential Services, provided that DHSP maintains the same level of Net County Cost (NCC) funding for services in the HIV service continuum **(Passed: 21 Ayes; 1 Opposed; 1 Abstention)**.

**3. FY 2012/2013 Minority AIDS Initiative (MAI):**

- Mr. Ballesteros said Motion 10 directs the MAI award to be fully maximized in the current year, including roll-over from prior years. Mr. Vincent-Jones added HRSA must approve any request for funds to be rolled-over to the next year. DHSP has not normally requested Part A roll-overs, but has done so for MAI due to the MAI funding cycle overlaps several years ago. However, P&P is concerned that the uncertainty of appropriations in the coming and future years, which might make future roll-over approvals from HRSA less certain.
- Motion 11 reflects P&P ongoing efforts to minimize administrative and fiscal contracting burdens by funding service categories where possible via single funding streams. DHSP recommended revising MAI to exclusively fund LTC for FY 2013, 3/1/2013 to 2/28/2014. P&P agreed and directed DHSP to provide an LTC plan within 90 days.
- Existing LTC services may include: Treatment Education, Transitional Case Management, Outreach, Counseling and Testing in care settings and Information Referrals. New LTC services may include: Partner Notification, Post-Exposure Prophylaxis (PEP) and Counseling and Testing in non-clinical settings. The LTC Expert Review Panel (ERP) will be scheduled for early 12/2012 and will discuss other possible services.
- Dr. Frye asked if contracts are in place. Mr. Vega-Matos said some contracts are already in place while others will be developed following the ERPs. The plan to spend funds down is being developed.

**MOTION 10:** Fully maximize the RW FY 2012 Minority AIDS Initiative (MAI) allocation, including any "rolled-over" amounts from prior years' MAI awards **(Passed: 23 Ayes; 0 Opposed; 0 Abstentions)**.

**MOTION 11:** Modify the RW FY 2013 MAI plan so that 100% of funds are allocated to Linkage to Care (LTC) and direct DHSP to provide the P&P Committee with a MAI LTC plan within 90 days **(Passed: 23 Ayes; 0 Opposed; 0 Abstentions)**.

**B. Joint Public Policy (JPP) Committee:**

- 1. ADAP 6-month Eligibility Screening:** There was no additional discussion.
- 2. Routine Testing Legislation:** Mr. Fox reported a work group is reviewing and refining draft language for legislation expected in the next session. This legislation is a top JPP priority to reduce testing barriers and expand testing.
- 3. Election Results:**
  - Given election results, Federal and state ACA implementation is expected to continue. Democrats held the Senate and gained a few seats including the first openly LGBT Senator, Tammy Baldwin. Women increased in the Senate to 20 members. Increased diversity was also reflected in the first openly LGBT person-of-color elected to Congress.
  - Three more states recognized same-sex marriage and a Minnesota referendum on a constitutional amendment to ban it failed. Colorado also legalized possession of small amounts of marijuana.
  - In California, Proposition 30 passed. It primarily funds education, but failure would have stressed other budgets. Democrats now hold a supermajority in both the Senate and House. A two-thirds majority is needed to raise taxes.
  - Mr. Engeran-Cordova reported the County of Los Angeles Measure B passed with approximately 57% of the vote, representing approximately 1.2 million ballots cast. The law is in effect and the Department of Public Health should move forward to implement inspection of adult film locations to ensure performers are wearing condoms. Dr. Frye had read that Long Beach, Pasadena and Vernon may be exempt from Measure B as they have separate Health Departments. Mr. Engeran-Cordova said the County has concurrent contracts with various cities so that will be addressed.
- 4. State Legislature Special Session:** Governor Brown called a special session on legislation required to implement ACA, much of which was deferred due to uncertainty about ACA implementation. The session will run concurrent with the regular session starting in January, but legislation can move more quickly in the special session. Some subjects will be Medicaid expansion, whether California will have a basic health program, and the private insurance market.

**B. Operations Committee:**

- 1. Commission Membership Nominations:** Mr. Vincent-Jones noted an error in the motion approved 9/13/2012 by the Commission, which nominated Mr. Green to the Consumer At-Large seat. Operations had nominated him to the Consumer SPA 4 seat. That was forwarded to the Board, which appointed him to the SPA 4 seat. Motion 13 ratifies that appointment.

**MOTION 12:** Nominate Jesse Lopez to the SPA 1 Consumer Alternate seat and forward to the Board of Supervisors for appointment (*Passed as Part of the Consent Calendar*).

**MOTION 13:** Ratify correction to 9/13/2012 vote nominating Joseph Green to the Consumer At-Large seat to nomination and appointment to the SPA 4 Consumer seat (*Passed by Consensus*).

2. **New Member Orientation:** Orientation is planned for 1/18/2012, 8:30 am to 5:00 pm. New members must attend. Details to follow.

➡ An orientation on epidemiology will be held separately at a later date.

**D. Standards of Care (SOC) Committee:**

1. **Vision Services Expert Review Panel (ERP):** This ERP will be 12/3/2012, 5:30 to 9:00 pm, at the Commission Offices. Vision Services primarily addresses optometry. The ERP will initiate the process of developing a standard of care.
2. **Linkage To Care (LTC) Expert Review Panels (ERPs):** The LTC standard of care will incorporate a variety of services, as noted earlier, so two ERPs have been scheduled to ensure all appropriate voices are at the table. They will be on 12/3/2012 and 12/4/2012, 8:30 am to 5:00 pm, at the Commission Offices.

**16. CAUCUS REPORTS:**

**A. Consumer Caucus:**

- Mr. Liso reported DHSP presented on a new resource directory at the 10/13/2012 meeting. The directory will be primarily online, but offline options are being considered.
- Messrs. Land and Liso will present on the Caucus at the Maternal Child and Adolescent/Adult Center for Infectious Diseases and Virology, LAC+USC Medical Center, 11/16/2012, 11:00 am to 12:00 noon. The meeting will focus on how the Caucus and the Center can mutually support each other.
- The next meeting followed the Commission meeting.

**B. Latino Caucus:**

- Mr. Aviña reported the next meeting would continue discussion of Latino Special Population Guidelines, an updated work plan and topics such as barriers to care and culturally competent services. The October meeting was postponed.
- ➡ Staff will email the date and time of the next meeting planned for early December.

**17. PREVENTION PLANNING COMMITTEE (PPC) REPORT:** The PPC cancelled its last meeting.

**18. AIDS EDUCATION/TRAINING CENTERS (AETC) REPORT:** There was no report.

**19. SPA/DISTRICT REPORTS:**

- Mr. Land, SPA 1, reported the CAB is on hiatus for a couple of months due to staff on leave.
- Mr. Lopez, SPA 2, reported the regular, first Tuesday of the month meeting is planned as usual. Last month was cancelled.
- Mr. Land, SPA 3, reported the next meeting will be 11/29/2012, 11:00 am to 1:00 pm, at the Pasadena Health Department.
- Mr. Chud, SPA 4, reported Gilead presented on their new drug, Stribild, and said they would fund it if another payer was unavailable. The drug is expensive and Gilead did not answer whether, if ADAP covered it, other drugs might not be funded.
- Ms. White, SPA 6, reported the next meeting will be 11/13/2012 at the Kaiser Permanente Watts Counseling and Learning Center, 1465 East 103<sup>rd</sup> Street, Los Angeles, CA 90002. The group will be discussing the retreat and 2013 goals. She also urged Ms. Adams, the new 2<sup>nd</sup> District HIV Deputy, to help fill the Commission's long vacant District 2 seat.
- Mr. Johnson, SPA 8, thanked Ms. Barrit and her staff for their report on outreach to faith-based organizations, especially churches, and the work needed to partner effectively with them. The SPA group meets quarterly.
- ➡ SPA 4 requested and received permission to schedule its next meeting at the Commission Offices. Mr. Vincent-Jones added all community organizations may utilize the Commission Offices for meetings if space is available.
- ➡ Mr. Johnson will coordinate with Mr. Vincent-Jones to present the faith-based report to the Commission

**20. COMMISSION COMMENT:** Mr. Engeran-Cordova noted Florida ballot measures such as limiting judiciary power by transferring it to the legislature, rejecting ACA and Medicaid expansion failed 60% to 30%. They represent ACA support in unexpected areas countrywide.



## Commission on HIV Meeting Minutes

November 8, 2012

Page 9 of 10

### 21. ANNOUNCEMENTS:

- Mr. Chud reported Bill Rosendahl is resigning from his Los Angeles City Council District 11 seat due to illness. His lover died of HIV and he has been a champion of HIV and gay rights. His deputy assistant will run in his place.
- Life Group LA's next POS Weekend event will be a road trip to Palm Springs. Flyers were on the resource table.
- Mr. Fox reported the Los Angeles City Council planned to close the Clean Needles Now site in Hollywood east of La Brea off Santa Monica Boulevard. The Los Angeles Gay and Lesbian Center (LAGLC) offered space behind the McDonald/Wright Building, 1625 North Schrader Boulevard, Los Angeles, CA 90028-6213. Current hours are: Thursday, 6:00 to 10:00 pm, and Sunday, 6:30 to 10:00 pm. Clean Needles Now wants clients to know they do have a space near their old one.
- Mr. Goddard announced the Alliance for Housing and Healing is hosting an open house on 11/11/2012, 1:00 to 3:00 pm, to celebrate its Long Beach group home's 23<sup>rd</sup> year and the home's new Part A funding. RSVP to [tgoddard@alliancehh.org](mailto:tgoddard@alliancehh.org).
- ➡ The Commission will send a letter of thanks to Councilman Bill Rosendahl.

**22. ADJOURNMENT:** Mr. Johnson adjourned the meeting at 1:20 pm in memory of Jackie Atwater who died 11/5/2012 of colon cancer. She was a dear friend of Mr. Land and a champion of HIV/AIDS testing especially in the African-American community in the San Gabriel Valley and the City of Pasadena. Her services will be 11/17/2012, 1:00 pm, First AME Zion Church, Pasadena.

**A. Roll Call (Present):** Aviña, Bailey, Ballesteros, Barrit, Branchick, Brown, Cadden, Engeran-Cordova, Frye, Goddard, Green, Johnson, Kelly, Kiburi, Kochems, Land, Liso/Chud, Lopez, Palmeros, Peterson, Vega-Matos, Washington-Hendricks, Younai

### MOTION AND VOTING SUMMARY

<b>MOTION 1:</b> Approve the Agenda Order.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 2:</b> Revise and approve the minutes from the 9/13/2012 Commission on HIV meeting.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 3:</b> Revise and approve the minutes from the 10/11/2012 Commission on HIV meeting.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 4:</b> Approve the Consent Calendar with Motions 5 and 6 postponed and Motions 7 through 11 and 13 pulled for deliberation.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 5:</b> Approve the Comprehensive HIV Plan goals and objectives, as presented.	<i>Postponed</i>	<b>POSTPONED</b>
<b>MOTION 6:</b> Approve the Comprehensive HIV Plan key populations, as presented.	<i>Postponed</i>	<b>POSTPONED</b>
<b>MOTION 7:</b> Zero Out the Ryan White (RW) FY 2012 Part A Early Intervention Services (EIS) and Hospice/Skilled Nursing service line items and reallocate those funds to Medical Outpatient/Specialty services.	<b>Ayes:</b> Aviña, Bailey, Ballesteros, Barrit, Branchick, Brown, Cadden, Engeran-Cordova, Frye, Goddard, Green, Johnson, Kelly, Kiburi, Kochems, Land, Liso, Lopez, Palmeros, Peterson, Vega-Matos, Washington-Hendricks, Younai <b>Opposed:</b> None <b>Abstention:</b> None	<b>MOTION PASSED</b> <b>Ayes:</b> 23 <b>Opposed:</b> 0 <b>Abstentions:</b> 0
<b>MOTION 8:</b> Allow DHSP to reallocate up to 10% of any service category line item allocation to fully expend the RW FY 2012 Part A grant.	<b>Ayes:</b> Aviña, Bailey, Ballesteros, Barrit, Branchick, Brown, Cadden, Engeran-Cordova, Frye, Goddard, Green, Johnson, Kelly, Kiburi, Kochems, Land, Liso, Lopez, Palmeros, Peterson, Vega-Matos, Washington-Hendricks, Younai <b>Opposed:</b> None <b>Abstention:</b> None	<b>MOTION PASSED</b> <b>Ayes:</b> 23 <b>Opposed:</b> 0 <b>Abstentions:</b> 0

**Commission on HIV Meeting Minutes**

November 8, 2012

Page 10 of 10

<b>MOTION AND VOTING SUMMARY</b>		
<b>MOTION 9:</b> Allow DHSP to expend RW FY 2012 Part A funds on Residential Services, provided that DHSP maintains the same level of Net County Cost (NCC) funding for services in the HIV service continuum.	<b>Ayes:</b> Aviña, Bailey, Ballesteros, Barrit, Branchick, Brown, Cadden, Engeran-Cordova, Frye, Green, Johnson, Kelly, Kiburi, Kochems, Land, Lopez, Palmeros, Peterson, Vega-Matos, Washington-Hendricks, Younai <b>Opposed:</b> Liso <b>Abstention:</b> Goddard	<b>MOTION PASSED</b> <b>Ayes:</b> 21 <b>Opposed:</b> 1 <b>Abstentions:</b> 1
<b>MOTION 10:</b> Fully maximize the RW FY 2012 Minority AIDS Initiative (MAI) allocation, including any “rolled-over” amounts from prior years’ MAI awards.	<b>Ayes:</b> Aviña, Bailey, Ballesteros, Barrit, Branchick, Brown, Cadden, Engeran-Cordova, Frye, Goddard, Green, Johnson, Kelly, Kiburi, Kochems, Land, Liso, Lopez, Palmeros, Peterson, Vega-Matos, Washington-Hendricks, Younai <b>Opposed:</b> None <b>Abstention:</b> None	<b>MOTION PASSED</b> <b>Ayes:</b> 23 <b>Opposed:</b> 0 <b>Abstentions:</b> 0
<b>MOTION 11:</b> Modify the RW FY 2013 MAI plan so that 100% of funds are allocated to Linkage to Care (LTC) and direct DHSP to provide the P&P Committee with a MAI LTC plan within 90 days.	<b>Ayes:</b> Aviña, Bailey, Ballesteros, Barrit, Branchick, Brown, Cadden, Engeran-Cordova, Frye, Goddard, Green, Johnson, Kelly, Kiburi, Kochems, Land, Liso, Lopez, Palmeros, Peterson, Vega-Matos, Washington-Hendricks, Younai <b>Opposed:</b> None <b>Abstention:</b> None	<b>MOTION PASSED</b> <b>Ayes:</b> 23 <b>Opposed:</b> 0 <b>Abstentions:</b> 0
<b>MOTION 12:</b> Nominate Jesse Lopez to the SPA 1 Consumer Alternate seat and forward to the Board of Supervisors for appointment.	<b>Passed as Part of the Consent Calendar</b>	<b>MOTION PASSED</b>
<b>MOTION 13:</b> Ratify correction to 9/13/2012 vote nominating Joseph Green to the Consumer At-Large seat to nomination and appointment to the SPA 4 Consumer seat.	<b>Passed by Consensus</b>	<b>MOTION PASSED</b>